



EMPLOYMENT APPLICATION

Equal Opportunity Employer

GENERAL

NAME (Last)			(First)	(Middle Initial)	TELEPHONE (Area Code)
CELL PHONE NUMBER			EMAIL ADDRESS		
OTHER NAMES USED					
PRESENT ADDRESS					
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?			ARE YOU AT LEAST 18 YEARS OF AGE?		IF NOT, DO YOU HAVE A WORK PERMIT?
YES			YES		YES
NO			NO		NO
HOW WERE YOU REFERRED TO BOYS & GIRLS CLUBS OF GLOUCESTER COUNTY (BGC GC)?					
PREVIOUS EMPLOYMENT WITH BGC GC (If any, give dates, position, location)					
RELATIVES EMPLOYED BY BGC GC (If any, give dates, positions)					
HAVE YOU BEEN CONVICTED OF, PLEAD GUILTY TO, AND/OR PLED <i>NOLO CONTENDRE</i> TO A CRIME (FELONY OR MISDEMEANOR, INCLUDING BUT NOT LIMITED TO SEXUAL OFFENDER CRIMES, THEFT, BANKING FRAUD, DRUG AND/OR ALCOHOL-RELATED OFFENSES, ASSAULT, ETC.)? If yes, please explain (state, date, court, type of crime, place of occurrence, disposition):					
YES _____					
NO _____					
<i>Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness.</i>					

POSITION APPLIED FOR

TITLE OR CATEGORY	SALARY REQUIREMENTS
DATE AVAILABLE	WILLINGNESS TO TRAVEL? (Approximate percentage if position indicates)

EDUCATION

SCHOOL	NAME AND LOCATION	MAJOR	GRADUATE		DEGREE
			YES	NO	
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					

We require FINGERPRINTING and an additional BACKGROUND CHECK upon offer of employment.



OTHER SCHOOLS (Graduate, technical, business, military, etc.)					
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WORK EXPERIENCE

Start with current or last employer first. Do not detail duties and responsibilities if described in attached resume.

COMPANY NAME	YOUR TITLE
COMPANY ADDRESS (Street & No.)	(City) (State) (Zip)
START DATE	END DATE
SUPERVISOR'S NAME	SUPERVISOR'S TITLE
TELEPHONE	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES	
REASON FOR LEAVING	

COMPANY NAME	YOUR TITLE
COMPANY ADDRESS (Street & No.)	(City) (State) (Zip)
START DATE	END DATE
SUPERVISOR'S NAME	SUPERVISOR'S TITLE
TELEPHONE	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES	
REASON FOR LEAVING	

COMPANY NAME	YOUR TITLE
COMPANY ADDRESS (Street & No.)	(City) (State) (Zip)
START DATE	END DATE

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SUPERVISOR'S NAME	SUPERVISOR'S TITLE	TELEPHONE	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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BRIEF DESCRIPTION OF DUTIES & RESPONSIBILITIES
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REASON FOR LEAVING

ALL APPLICANTS

Can you perform this job (as detailed verbally or in the job description) with or without reasonable accommodation? If No, explain why:

PLEASE LIST ALL SOFTWARE APPLICATION SKILLS:
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OFFICE MACHINES YOU CAN OPERATE:

REFERENCES – Please provide information on three individuals who can provide first-hand knowledge of your skills and abilities as well as your suitability to work with children. List full name and phone number as well as how you know this person
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